SIGN COORDINATION PLAN / SIGN VARIANCE APPLICATION

CITY OF FRISCO PLANNING DEPARTMENT (972) 335-5580

| Subdivision Name and Project Name: Tent H Survey Name: | pspital | Block A LOT 1 Abstract #: | | |
|--|---|---|-------------------------------|--|
| # of Lots: # of Total Acres (rounded to nearest tenth): | | | | |
| The applicant is encouraged to schedule a meeting with Planning Department staff to discuss the variance request prior to submitting an application for a sign variance. | | | | |
| Current Property— Current Property— Company: Lint Frisco, Ltd. Company: Lintingal Medical Center Address: 18505 Lemnon Rd. City, State, Zip: Frisco, Tx 75035 Phone #: 972-963-3045 Fax #: 972-963-3645 Email Address: Dawl Obcaham at tone theath .com Owner's Signature: Malluha | Sign Coo description Description \$150 appli Postage co | e Submitted: ordination Plans (see Sign Variance Checon of the plan) — 3 copies of each exhibit* on of Requested Variance Form ication fee osts bels for all property owners within 200' of property diskette containing a .jpg, .tif, or .bmp file definition. | erty line | |
| Applicant's Name: MUNIX HUNCON. Company: Deconiting Services of Texas Address: DO BOX WAST City, State, Zip: Achordon TX TWOOS Phone #: 817-108: Owly Fax #: 817-1033-1830 Email Address: MONOCOCY DECONITS TEXAS. COM Representative's Name: WHOLD KOSOC Company: Federal Monococy Company: Federal Mono | * After staff re copies of the prequest. Add | eview of the sign coordination plans are completed in the plan is required for the plan is required for the plan is required for the plan is required in the plan | ete, 10 final r a variance | |
| STATE OF TEXAS COUNTY OF | fy that I am the os true and correct. | Owner, Applicant, or Representative day of September, 2009 | d applicant, purposes of | |
| | | | | |
| Location of Property: | | | | |
| Neighborhood #: | Receipt #: | | | |
| This application meets the Planning Department's requirements for processing. | | Signature | Date | |

DESCRIPTION OF REQUESTED SIGN VARIANCE

| Slotum 1.09 M |
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| Describe the variance (attach additional sheet if necessary): What is a variance to allow a Monumer SISO 18'-4' talk by 13' wide Thru are Durush other Minument Dismo at this location that are appropriately the Discount of the New Intrance to approve a request for a variance, the Planning & Zoning Commission must determine that the request meets three (3) of the following four (4) criteria. Please describe how the requested variance meets the following criteria. |
| The proposed sign shall not adversely impact the adjacent property (visibility, size, etc. The pupped Dign will be used adjacent proputers. The pupped Dign will be used to identify the ilmension pactures from Nuy. 121. |
| 2. The proposed sign shall be of a unique design or configuration. The pupped Discount of the facility. |
| 3. The special exception is needed due to restricted area, shape, topography, or physical features that are unique to the property on which the proposed sign would be erected. The purposed of the state of the medical center of the number of the state of the state. |
| 4. The special exception will substantially improve the public convenience and welfar and does not violate the intent of this Ordinance. The DWDO Ded DWD Will facilitate patients in funding the limited of the Medical Centre of the Dune along on Many of the Other Digno Will the Dwner along the the Dw |